

Wisconsin Department of Regulation & Licensing

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MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

APPLICATION FOR SUBSTANCE ABUSE SPECIALTY AUTHORIZATION

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different from above)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Wisconsin Professional Counselor, Marriage and Family Therapist, or Social Work License No. _____

☐ I am certified as a substance abuse counselor by the Wisconsin Certification Board (WCB).
WCB Certification number _____

If you are certified as a substance abuse counselor by the WCB DO NOT go any further with this form, sign, date and return this form to the Department.

If you are not WCB certified as a substance abuse counselor, indicate completion of the following requirements and attach the required items:

- ☐ 1. I have taken and passed the International Certification and Reciprocity Consortium (ICRC) examination and have arranged for scores to be forwarded to the Wisconsin Department of Regulation and Licensing.
- ☐ 2. I have completed at least 1,000 supervised hours of face-to-face client counseling experience with individuals diagnosed with substance use disorders and Form #2712 is complete and attached.
- ☐ 3. I have completed at least 180 contact hours of substance abuse relevant education including at least 45 hours of education in psychopharmacology and Forms #2713, #2714 are completed and attached.

APPLICATION FEE: Please make check payable to Department of Regulation & Licensing and attach to application.

\$53.00 Initial Credential Fee for Substance Abuse Specialty Authorization

For Receipting Use Only

AFFIRMATION OF APPLICANT

The undersigned states that the facts, statements and required documentation contained are true and correct based upon personal knowledge of the undersigned and is informed and understands that the provision of false information on an application may be grounds for denial of a license, or revocation of a license issued in reliance upon false information.

Signature of Applicant

Date

#2711 (12/05)
Section 457.02, Stats.

Committed to Equal Opportunity in Employment and Licensing